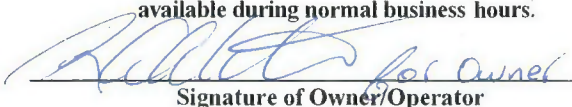
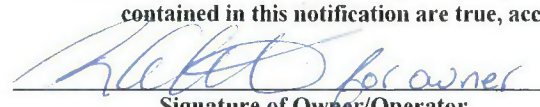


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Operator Project # CEG888200		Postmark		Date Received		Notification #	
I. Type of Notification (check one):		<input checked="" type="checkbox"/> Original		<input type="checkbox"/> Revised		<input type="checkbox"/> Canceled	
II. Facility Description							
Building Name: North Historic Core - Building 8/9 North							
Address: 103 South Main Street							
City: Waterbury		State: Vermont		Zip Code: 05671		County: Washington	
Site Location : Waterbury State Office Complex - 103 South Main Street - Waterbury, Vermont							
Building Size (square feet): 4000 sq.ft. per floor		# of Floors: 3		Age in Years: 118 +/-			
Present Use: Vacant		Prior Use: State Offices					
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information							
Owner Name: State of Vermont, Department of Buildings & General Services							
Address: 2 Governor Aiken Avenue, Drawer 33							
City: Montpelier		State: VT		Zip Code: 05633			
Contact: Mike Stevens		Telephone: (802) 828-5377		Fax: (802) 828-3533			
Removal Contractor Name: TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ()		Fax:			
Other Operator (demolition/general): TBD							
Address:							
City:		State:		Zip Code:			
Contact:		Telephone: ()		Fax:			
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
Bulk sampled collected by accredited asbestos inspector. Analyzed by NVLAP accredited laboratory							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)		90					
Surface Area (square feet)		53,300	300				
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: 01/02/14		Complete: 05/30/15			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: 10/29/13		Complete: 01/15/13			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-6	7-6	7-6	7-6	7-6	7-6	7-6

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:	<p>Post tropical storm Irene renovations. Asbestos-containing materials to be removed followed by complete interior renovation, including complete MEP upgrade and window replacement.</p>		
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	<p>Comprehensive procedures in accordance with the USEPA Asbestos NESHAP regulation and the Vermont Regulations for Asbestos Control. This includes wet removal methods, decontamination structure, containment barriers, negative pressure enclosure, proper waste shipment & disposal, post abatement visual inspections and air monitoring where required.</p>		
XII.	Waste Transporter #1	<p>Name: <u>TBD</u></p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p>		
	Waste Transporter #2	<p>Name: <u>TBD</u></p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p>		
XIII.	Waste Disposal	<p>Name: <u>TBD</u></p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Contact: _____ Telephone: () _____</p>		
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)	<p>1. Attach a copy of the Order to this notice.</p> <p>2. Name of Authority Issuing Order: _____ Title: _____</p> <p>3. Authority of Order (Citation of Code): _____</p> <p>4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____</p>		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)	<p>1. Date and Hour of the Emergency: _____</p> <p>2. Description of the Sudden, Unexpected Event: _____</p> <p>3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____</p>		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.	<p>Same as Section X above</p>		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature of Owner/Operator </div> <div style="text-align: center;"> <u>10/11/13</u> Date </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u> Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Signature of Owner/Operator </div> <div style="text-align: center;"> <u>10/11/13</u> Date </div> <div style="text-align: center;"> <u>Chris Crothers - Owner's Consultant</u> Type or Print Name and Title </div> </div>		